FORMAT OF TEST - CHECK REPORT Under ADIP Scheme

Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2017-18

Name of the Implementing Agency: NIEPID, Secunderabad

Part - 1

| SI. No. | S.No.of List of the covered benefici aries | Beneficiaries | Gender | Age | Father/ Husband name | Complete Address | Contact Numbers | Place of camp | Type of Aid Given (TLM) | Date of Camp | Whehter any surgical correction undertaken | Date of test | Findings of test check (eg.distributed confirmed and working well/distribution confirmed but quality not satisfactory/distribution not confirmed, etc.) |
|------------|--|---------------|--------|-----|----------------------------|---|--------------------|---------------|----------------------------------|--------------|--|--------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 | 1 | G.Gayatri | F | 11 | Chandra Sekhar | 6-6-426/302,CCN nagar,Bansilalpet,Sec- bad | 3184932302 | SEC | Kit - 3 | 07-12-2017 | No | 07-12-2017 | Working well / Distribution confirmed |
| 2 | 5 | Josna Priya | F | 13 | Sugnayan | 18-4- 248,Kalvagadda,Aliya bad,Bandlaguda,Hyd | 8121989519 | SEC | Kit - 4 | 07-12-2017 | No | 07-12-2017 | Working well / Distribution confirmed |
| 3 | 11 | G.Keerthana | F | 14 | G.Ramulu | 1-37- 1381,Annanagar,Bala mrai,Sec-bad | 9704923924 | SEC | Kit-4 | 07-12-2017 | No | 07-12-2017 | Working well / Distribution confirmed |

^{* 15%} in case of grants-in-aid up to Rs.10.00 lakh and 10% in case of grant- in aid exceeding Rs.10.00 lakh

G.v.M. Homi frasch 10/8/8 signature)

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of or SDO or BDO/SDO level officer or Social Welfare Women and Child Development Officer holding charge of or any other officer authorised by District Collector

रीडर एवं आई.सी. सहायक निदेशक / Reader & I/c Assistant Director अली यावर जंग राष्ट्रीय वाक् एवं श्रवण दिव्यांगजन संस्थान Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan) क्षेत्रीय केन्द्र / Regional Centre

मनोविकासनगर / Manovikas Nagar

सिकंदराबाद - ५०० ००९ / Secunderabad - 500 009.

ABSTRACT OF TEST CHECK

| Total No. of beneficiaries Test checked | No. of beneficiaries | found with aid/appliances | No. of beneficiaries not found to have been given aid/appliances | | |
|--|----------------------|---------------------------|--|--|--|
| | Working satisfactory | Not working satisfactory | | | |
| 1 | 2 | 3 | 4 | | |
| 3 | 3 | 0 | 0 | | |

Certificied that the above report is based on test check personaly carried out by me and the finding have been accurately reported above.

Ce. V.M. How honed (Signature) (8

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of Nayab Tehsildar or SDO or BDO/SDO level officer or Social Welfare Officer/District Disability Officer Women and Child Development Officer holding charge of Social Welfare or any other officer authorised by District Collector

शिखर एवं आई.सी. सहायक निदेशक / Reader & I/c Assistant Director अली यावर जंग राष्ट्रीय वाक् एवं अवण विव्यांगजन संस्थान Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan) क्षेत्रीय केन्द्र / Regional Centre मनोविकासनगर / Manovikas Nagar सिकंदराबाद - ५०० ००९ / Secunderabad - 500 009,